



22386 U.S. PTO
10/656371
09/08/03

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<small>Attorney Docket No.</small> 03560.002648.1 <small>First Named Inventor or Application Identifier</small> ATSUSHI OKUYAMA <small>Express Mail Label No.</small>															
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450															
<table border="0" style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;"><div>1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small></div><div>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></div><div>3. <input checked="" type="checkbox"/> Specification <small>Total Pages</small> <input type="text" value="33"/></div><div>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <small>Total Sheets</small> <input type="text" value="15"/></div><div>5. <input checked="" type="checkbox"/> Oath or Declaration <small>Total Pages</small> <input type="text" value="2"/><div style="margin-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</div><div style="margin-left: 20px;">b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small><div style="margin-left: 20px;">i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></div></div></div><div>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div></td><td style="width: 50%; vertical-align: top;"><div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</div><div>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>)<div style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</div><div style="margin-left: 20px;">b. Specification Sequence Listing on:<div style="margin-left: 20px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</div><div style="margin-left: 20px;">ii. <input type="checkbox"/> paper</div></div><div style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</div></div></td></tr></table>			<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small></div> <div>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></div> <div>3. <input checked="" type="checkbox"/> Specification <small>Total Pages</small> <input type="text" value="33"/></div> <div>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <small>Total Sheets</small> <input type="text" value="15"/></div> <div>5. <input checked="" type="checkbox"/> Oath or Declaration <small>Total Pages</small> <input type="text" value="2"/><div style="margin-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</div><div style="margin-left: 20px;">b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small><div style="margin-left: 20px;">i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></div></div></div> <div>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div>	<div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</div> <div>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>)<div style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</div><div style="margin-left: 20px;">b. Specification Sequence Listing on:<div style="margin-left: 20px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</div><div style="margin-left: 20px;">ii. <input type="checkbox"/> paper</div></div><div style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</div></div>													
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<div>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <table border="0" style="width: 100%;"><tr><td style="width: 33%;"><input type="checkbox"/> Continuation</td><td style="width: 33%;"><input checked="" type="checkbox"/> Divisional</td><td style="width: 33%;"><input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <u>09/659,686</u></td></tr><tr><td><small>Prior application information:</small></td><td><small>Examiner: W. Dowling</small></td><td><small>Group/Art Unit: 2851</small></td></tr></table><p><small>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can <u>only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small></p></div>			<input type="checkbox"/> Continuation	<input checked="" type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <u>09/659,686</u>	<small>Prior application information:</small>	<small>Examiner: W. Dowling</small>	<small>Group/Art Unit: 2851</small>									
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<div style="border: 1px solid black; padding: 5px;">18. CORRESPONDENCE ADDRESS<table border="0" style="width: 100%;"><tr><td style="width: 33%;"><input checked="" type="checkbox"/> Customer Number or Bar Code Label</td><td style="width: 33%; text-align: center;">05514 <small>(Insert Customer No. or Attach bar code label here)</small></td><td style="width: 33%;"><input type="checkbox"/> Correspondence address below</td></tr><tr><td colspan="3"><div style="border: 1px solid black; padding: 2px;">NAME</div></td></tr><tr><td colspan="3"><div style="border: 1px solid black; padding: 2px;">Address</div></td></tr><tr><td style="border: 1px solid black; padding: 2px;">City</td><td style="border: 1px solid black; padding: 2px;">State</td><td style="border: 1px solid black; padding: 2px;">Zip Code</td></tr><tr><td style="border: 1px solid black; padding: 2px;">Country</td><td style="border: 1px solid black; padding: 2px;">Telephone</td><td style="border: 1px solid black; padding: 2px;">Fax</td></tr></table></div>			<input checked="" type="checkbox"/> Customer Number or Bar Code Label	05514 <small>(Insert Customer No. or Attach bar code label here)</small>	<input type="checkbox"/> Correspondence address below	<div style="border: 1px solid black; padding: 2px;">NAME</div>			<div style="border: 1px solid black; padding: 2px;">Address</div>			City	State	Zip Code	Country	Telephone	Fax
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Country	Telephone	Fax															



CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	13-20 =	0	X \$ 84.00 =	\$ 0
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	4-3 =	1	X \$ 84.00 =	\$ 84.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$280.00 =	\$
				BASIC FEE (37 CFR 1.16(a))	\$750.00
			Total of above Calculations =		\$834.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
	TOTAL =				\$834.00

19. Small entity status

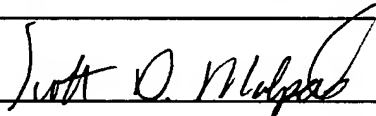
- a. ☐ A small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

20. ☒ A check in the amount of \$ 834.00 to cover the filing fee is enclosed.

21. ☐ A check in the amount of \$ _____ to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	SCOTT D. MALPEDE/Registration No. 32,533
SIGNATURE	
DATE	September 8, 2003

SDM\mm

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